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5 Recommendations
There are three things without which any Dance to Health group would fail. Groups need Dance Artists, willing participants and a team of volunteers to successfully bring about an arts intervention to address falls and isolation. The findings of the first comprehensive evaluation of the volunteering aspect of the Dance to Health programme conclusively supports the use of volunteers. In fact, there is strong evidence that both the arts and the health outcomes of the programme would not be effectively met without the volunteers.

1 Executive summary

There are three things without which any Dance to Health group would fail. Groups need Dance Artists, willing participants and a team of volunteers to successfully bring about an arts intervention to address falls and isolation. The findings of the first comprehensive evaluation of the volunteering aspect of the Dance to Health programme conclusively supports the use of volunteers. In fact, there is strong evidence that both the arts and the health outcomes of the programme would not be effectively met without the volunteers.

Background and methodology

Dance Partners and Dance Artists, participants, volunteers and Dance to Health Local Coordinators were consulted in this evaluation of the impact of volunteers. They contributed a mixture of interviews, quantitative surveys and qualitative responses. The financial impact was audited, and the effect on physical improvement of participants was analysed.

Volunteer roles are filled by approximately 300 people each week, giving a participant-volunteer ratio of one to one. Volunteers are a mix of ethnicity and range in age from early twenties to the participants’ ages. Their tasks are varied: providing social and emotional support, offering practical assistance for Dance Artists and participants during sessions, and carrying out organisational and administrative tasks.
Impact of volunteering

77% of Dance Artists and 66% of participants report being able to do more in sessions with volunteer support. They are able to do more in terms of PSI (falls prevention) elements and the creative elements of the sessions. This has a measurable impact on the physical outcomes – groups with consistent volunteer support see double the improvement in their baseline TUG (Timed Up and Go test) times compared to those without.

100% of Dance Artists using volunteers said they enhance their sessions, and over 90% of Dance Artists and participants say volunteers make sessions more welcoming and friendly. Volunteers are socially skilled and draw participants in – creating a community in the room rather than just an exercise class. The social aspects of the class are greatly valued by the participants and the volunteers alike.

The volunteers’ varied backgrounds in dance and their practical assistance enable the groups to explore a greater range of dance genres and activities. Extra help in sessions improves the flow and pace of the class. Volunteers also organise cultural activities outside of session times and support participants’ creative exploration within sessions.

Learning and future development

Training and resources to support volunteers are areas that require further development. We have delivered two successful training days and these need to be regularly available in all areas. Recruitment of volunteers with an interest in dance has been successful. A mixture of ages in the room works well and younger people are more willing to take on responsibility for administration and fundraising. So far the programme has been unable to recruit people directly into running committees. This directly impacts sustainability.

Recommendations

- Recognition of the importance of volunteering within Dance to Health.
- Training across the board: volunteers, Dance to Health team and Dance Artists.
- Resources for supporting volunteers should be developed.
- Line management of volunteers to be clarified and supported with adequate staffing.
2 Background to Volunteer Evaluation 2019

2.1 Introduction
Volunteering has been a part of the Dance to Health programme from inception, and now comprises of four different roles: Peer Motivator, Dance Support Volunteer, Buddy and Champion. Peer Motivators and Dance Support Volunteers work alongside our Dance Artists, Buddies aid the attendance and adherence of participants through outside-group support, while Champions take on the organisation and community promotion of the group. As groups prepare for long-term sustainability, volunteers have stepped up to form constituted steering groups or committees together with Local Coordinators to plan longer term fundraising.

The evaluation was conducted with all stakeholders; Dance Partners and the Dance to Health team, as well as Dance Artists, volunteers and participants, to ascertain the impact of the volunteering programme on both the Dance to Health outcomes and on the volunteers themselves.
2.2 Methodology
Online surveys for participants and Dance Artists were conducted. A paper version of the participant survey was taken to approximately ten participants in each region to enable any people without an email or social media account to be included.

Dance to Health Local Coordinators and the Volunteering and Public Engagement Coordinator shared experiences and presented evidence around set questions. Four out of six Dance Partners replied to evaluation questions. The clinical data (from the Sheffield Hallam University Phase One evaluation) was analysed to see if volunteers were impacting health outcomes in a measurable way.

Economic impact was considered using the VIVA – Volunteer Investment and Value Audit tool kit from the Institute for Volunteering Research. Total volunteer investment was assessed across the main categories of expenditure. This investment was compared to the value that volunteers added to the project by region and nationally.

The volunteers themselves gave feedback in a number of ways: through interviews, at the Dance to Health national conference, to Local Coordinators, at training days, and in communication with the Volunteering and Public Engagement Coordinator. The focus of this evaluation is primarily on the impact that the volunteers are having on the Dance to Health outcomes. A detailed evaluation of the impact on volunteers themselves was not done at this stage.

2.3 Who are the volunteers?
Peer Motivators and Dance Support Volunteers usually have a background in dance. Dance Support Volunteer ages range from early twenties through to the sixties. Peer Motivators are all over 50 years old. These volunteers are mainly female, but do include one male Peer Motivator and one male Dance Support Volunteer. They are ethnically diverse: Australian, American, Russian, Israeli, French, Chinese and Indian, BAME and white British.

Champions who assist with administration and organisation may be in the committee of people involved with the running of a group. These volunteers tend to come from within the group itself or from organisations directly involved with the group. There is a higher proportion of men stepping up to volunteer for the organisational roles than women, even though they are a minority amongst participants. The demographics of Champions and committees reflect those of the groups themselves.

There were 78 volunteers in named roles helping regularly in spring 2019. Other people do not take a named role, helping each week nonetheless. We estimate that around 100 people are regularly involved in volunteering at sessions. Around 145 Buddies actively help participants to attend sessions, while 200 people encourage participants to attend. It’s likely there is an overlap between these two groups of encouragers and active aiders. Thus around 300 people assist participants every week either inside or outside the groups. This works out as a high ratio of approximately one volunteer per participant.
2.4 What tasks do volunteers carry out?

Dance Artists, participants and Local Coordinators were asked to describe the actions of their volunteers. The list of actions described included helping participants by standing nearby and reminding them of the prompts, making tea and coffee, gathering data, collecting weekly subscriptions, helping lay out the room and distribute or collect equipment, adapting moves for those seated, leading TheraBand exercises, washing up and clearing away, welcoming people, demonstrating moves, standing so participants can copy their movements, partnering people with higher needs, bringing in cakes and sharing food, sharing photos, asking about participants’ families and holidays, and more.

I have several volunteers and they are fantastic! They are extremely useful with all the practical elements and they are great at working with participants who perhaps need a little extra support. One of my volunteers even bakes a cake each week! They all have a fantastic rapport with participants too.
Participants view volunteers very positively. In addition to the list of actions, participants emphasised the smooth running of sessions, assistance for Dance Artists and the ability to spot and support less-able members.

They are there to welcome you and support you throughout the session, and are particularly aware of those who may experience some difficulty. They seem to have a personal radar and home in if needed – we are very lucky.

[I saw a] volunteer helping Rita to manoeuvre around the space. I think it is very useful for Rita to have one-to-one support.

Sometimes when [others are] not sure what to do, volunteers help. They are fantastic with one member in his nineties, and anyone who is struggling.

Some volunteers go above and beyond in ways that had not been anticipated. For example, one volunteer helps participants to catch up on learning new exercises if they have been absent for a few weeks. Another rings participants to remind them of the sessions and then walkswith them to the venue.
3. Impact of volunteering

Physical strength, balance and mental well-being are positively impacted by the Dance to Health programme. These outcomes are enhanced by the use of volunteers in sessions, over and above the benefits afforded by Dance to Health activities with a Dance Artist alone.

In addition to health benefits, increased social interaction and community involvement, development of participant creativity and exposure to new areas of the arts have come about as a result of volunteer involvement in groups. Economically, the volunteering aspect of the Dance to Health programme is a net financial contributor.

3.1 Physical health benefits

Dance Artists are able to offer an increased range of PSI activities in sessions with volunteers. 77% of Dance Artists report being able to do more with volunteers in the room, with the remainder saying their practice was not affected either way. Two-thirds of participants also felt they were able to do more when volunteers were there. Participants were asked “Can you describe a time you worked with a volunteer or saw them assist someone else in a session” and their replies show how volunteers were helping people do more. Sometimes they partnered with specific members of the group:

Assisting Jean and Ruth – helping to adjust when using wrong positions. Making sure she’s doing the right version of the exercises for her.

They help when I cannot do the standing parts of the session due to vertigo.

On other occasions, volunteers help participants perform the PSI exercises correctly to maximise the benefits:

They help me with doing the exercise in the right way. They are very helpful and patient.

I know that if I am struggling with grasping a new movement or exercise, one of them will help me to master it.
One respondent pointed out that it is not only less-able participants who benefit from the presence of volunteers. By working with less-able members, volunteers free up the Dance Artists and allow them to progress other participants at a faster pace or to try more demanding activities.

*It enables the more-able members to progress quicker and, of course, helps the others to learn and progress also.*

One respondent summed up what volunteers bring to the sessions:

*Encouragement to do things you don’t have the confidence to try, thereby increasing confidence. Teaching correct techniques to do things safely.*

Participants frequently remarked that having volunteers supporting their group gave them the extra confidence to try movements outside of their usual range. Gains in strength depend upon effective progressive overload where the person is exposed to increasingly challenging physical demands. Without this the body quickly adapts to the imposed demand and no further progress is made. One of the problems with group exercise is the tendency for people to conform to the mean and not continue to challenge themselves. Volunteers enable participants to attempt more demanding activities, potentially progressing further and faster. One participant simply said "I try harder".

The data set from the Sheffield Hallam University clinical evaluation was used to retrospectively analyse the effect that having regular volunteer involvement in sessions had upon ‘timed up and go’ tests (TUG tests). This aspect of the programme was not considered in the design of the original project and so the data set for this was limited. 50 participants from groups with consistently high numbers of Peer Motivators were compared with 63 participants from groups where there were no Peer Motivators:

<table>
<thead>
<tr>
<th></th>
<th>Baseline time (secs)</th>
<th>Follow-up time (secs)</th>
<th>Difference (improvement in secs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Motivator</td>
<td>13.89</td>
<td>10.63</td>
<td>3.27 (23.5% reduction in baseline time)</td>
</tr>
<tr>
<td>groups (n = 50)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups with no Peer Motivator (n = 63)</td>
<td>12.05</td>
<td>10.58</td>
<td>1.46 (12.1% reduction in baseline time)</td>
</tr>
</tbody>
</table>

The data shows that participants in groups with volunteers had almost twice the progress in their TUG tests compared to groups without. Given the descriptions of the volunteer activities this is not surprising.
3.2 Mental well-being benefits

Isolation through becoming housebound is often the result of a bad fall and increasing frailty. The physical challenges of negotiating various surfaces and obstacles when leaving the home are partly responsible for this increased isolation, however the fear of falling is a larger obstacle. Isolation leads to higher rates of depression and poor health.

Dance to Health provides weekly social contact. Volunteers specifically make sure all participants are welcomed and spoken to. 94% of participants think volunteers make sessions welcoming. They enquire how people are, ask about their weekly activities, their families and friends. They act as hosts to the group, making and serving refreshments and linking participants to the wider community. Volunteers span a range of ages, preventing ghettoisation of participants by age.

Peer Motivators are good for keeping up the morale of participants, and helping to create a positive and effective environment for sessions to take place.

While the importance of a good relationship between Dance Artists and participants is well understood, the volunteer evaluation has revealed the central importance of the volunteer and participant relationship. When participants were asked how the use of volunteers affected how they thought or felt about sessions they responded:

- [It's] something to look forward to.
- I enjoy the time.
- [I like] their encouragement and friendliness, and how they check on our well-being.
- I feel at ease.
- I always leave the session feeling a real buzz.
- [I] feel comfortable and safe.
- [It's] comforting to know that someone is looking out for you and is an incentive to go even if you are feeling a bit off.

What is noticeable is the use of ‘feeling’ words to describe the quality that volunteers add: optimism, enjoyment, encouragement, friendliness, ease, buzz, comfort, safety. These qualities may well be lacking in the participants’ lives as a direct result of their physical frailty and isolation but appear to be effectively provided by volunteers. Interpersonal skills require practice and isolated people have limited opportunities to use these skills. Volunteers are socially skilled and reach out to participants, making sure no one is left sitting alone at the margins.

It was recognised that volunteers aid inclusivity in the groups. No one reported feeling patronised or imposed upon by volunteers.

They assist when necessary and only intervene when help is needed, no one is made to feel that they can’t succeed.
3.3 Community and social impact

3.3.1 Building community
There was universal praise for the community and social impact of the Dance to Health volunteers. The Local Coordinators felt they made the overall programme much stronger and that the volunteers added significantly to the Dance to Health package.

Without them it would feel just like a dance teacher doing a session, but with them - it feels like a whole community.

For a community to be established amongst a group of previously unconnected people, a welcoming and inclusive environment is first needed – which the volunteers create.

I feel the volunteers are a great support and an important role in the Dance to Health programme. They provide necessary support in welcoming the group, making new people feel settled, helping to set up the space, making refreshments, encouraging participants to continue, supporting on a one-to-one basis when needed. They are extremely valuable to the class.

Dance to Health volunteers are integral to the running of sessions. Invaluable in welcoming people, keeping a positive and friendly atmosphere. Regular volunteers can help with demonstrating and guiding participants where directed to do so. It would be very difficult to deliver my sessions without them.

[They] make me feel welcome and can answer questions if I feel the need to ask.

They are welcoming. It would be difficult if they weren’t here.
Volunteers build community ties within groups by cementing a common identity. They help participants in sessions, as well as to attend sessions. This creates consistent and cohesive groups where attendance is reinforced and supported. They also organise events for participants, such as dance performances, showcases, lunches out or Christmas parties. This development of community within groups was mentioned over and over when speaking about volunteers.

In Fir Vale people come in with photos of weddings they’ve been to in Pakistan and they’re like “Oh what beautiful clothes!” Everyone gets stuck in and brings stuff they’ve made at home or courgettes they’ve grown in their allotment. It feels like a bit of a community.

In terms of community involvement, they share other things they are doing and other things which are happening.

They are great at building community within the group – they welcome and help people.

I think volunteers that are local bring special knowledge and have other connections as well as the participants. They have connections that spiral outwards that benefit [everyone].

Participants were clearly able to recognise this impact on their groups and identified that the volunteers were pulling groups together:

They help the members who need support to feel part of the group.
There would be no session without them, they give stability to the group.
Makes me feel happy that there’s a team supporting us.
They are friendly and ensure the group cohesion over refreshments.
3.3.2 Social interaction

Volunteers are responsible for taking tea and coffee orders, making and serving refreshments and bringing home-made cakes, biscuits or other foods to share. They engage participants in social conversations around their families and each other. These seemingly small social actions are greatly valued by participants.

I look forward to coming and chatting. I feel we should have more of them, yes it’s nice. We feel fitter and extremely enjoy the social side. If I didn’t see the volunteers I would feel terrible – they provide the banana cake! It is the fact they are there to help and support and bring the group together in a social way too.

It is clear that volunteers who attend each week nucleate groups around themselves and effectively counteract social isolation. They act as a sort of social glue binding Dance Artists, participants and even venue staff into a cohesive whole. Where a few people in the room are able to start this process, the rest of the group quickly follows suit. Volunteers appear to be the key to enabling this process of social cohesion to occur. Their local knowledge links groups to the wider community, and they bring together people who may not know each other, partnering with them, starting discussions over tea or involving people in organising and clearing up. Even volunteers feel the benefits of this too.

For me, because I don’t have family in this country, it’s been nice to be able to have that contact with the older generation and share experiences. They show a lot of interest in my children and what they get up to, and we talk about their grandchildren and it’s nice…it’s really touching.

[I ask] What did your grandchildren get up to at half term?”. It’s nice, they’re nice stories about our lives to share with each other.
3.3.3 Buddies and external support
Buddies are those interested in the well-being of individual participants, family members, a spouse or partner, friends, neighbours or other people in the community including doctors, nurses, or volunteers from other organisations. Participants described a variety of people who fulfill the Buddy role.

[My] husband takes me. Glad to have me out of the house! [He] picks me up. We’re not on a bus route.

While attending the day club at St Francis Court [I] was invited to Dance to Health by Fiona, who worked for Age UK.

My neighbour [helps me attend] by coming with me.

Friends and family who also attend the sessions [help me attend].

73% of participants reported having someone who encourages them to come to sessions, while 69% said that someone encourages them to stay active more generally. 54% said there was someone who provides practical support to enable them to make a session. This was often family, friends or neighbours providing transport or people ringing them to remind them to attend. Taking this sample of participants, 72, and multiplying up to the average number of participants, 270, gives an estimate of 200 people encouraging participants to come to sessions, and about 145 who provide practical help with attending Dance to Health.

When asked “Who has helped you take part and how?”, several participants responded that they enjoyed the sessions enough, and had been coming long enough, to be able to motivate themselves. Some participants took pains to explain they were independent and self-motivated, thus responses to the statement: “I would be less likely to attend without my Buddys support” shifted towards ‘Mostly disagree’. Far from undermining the assistance of Buddies, the responses seem to reflect the commitment of participants to attending sessions. When asked about Buddies several people answered that they had no one helping them. It was not clear if that was because they were able to attend without difficulties or if they would like someone to help.

It is worth noting that almost 30% of respondents to this question do feel that someone else increases their likelihood of attending sessions. Out of the average of 270 participants taking part per week, 90 people would be less likely to attend without this support.
3.4 Impact on creativity

Volunteers come to sessions with a broad range of previous dance experience. Some have worked professionally, some are keen amateurs. Several have competed in dance competitions or have organised dance showcases in their areas. Volunteers bring a wide diversity of dance styles to sessions, including tap, ballet, Latin, ballroom, Indian, Chinese, Middle Eastern, contemporary, Zumba and modern dance. Dance Artists are able to draw upon these influences, enabling volunteers to lead choreographed sections in their own style of dance. As a result, participants are exposed to a wide range of dance traditions and movements.

A background in dance was seen as very beneficial by the Local Coordinators and Dance Artists:

- Judy from Congleton and Julia have an interest in dance themselves and you can definitely tell that from the way they are in sessions. We can see that they are dance trained, even if it's just for their own personal pleasure, and that really helps.

- The text back from Bettina was “Oh she's amazing and it's brilliant, I am happy with her!” I've not seen her in action, but she has a dance degree and fitted in really easily. Bettina was saying she was already helping and doing things.

One of the ways in which volunteers enable Dance Artists to “do more” is to be more adventurous with the use of props and choreography. With extra pairs of hands in the room the layout of chairs and people can be changed more rapidly, and props can be handed round and their use explained without holding up the flow of sessions. This enables experimentation to occur more easily, which enhances sessions and provides an ongoing source of creative stimulation for both Dance Artist and participants.

- I think they are a useful within the smooth running of the group when the group is over 20.

- [Having volunteers] makes the class flow better.

Dance Artists sometimes include opportunities for participants to create their own dance sequences as part of sessions, basing this around a particular movement or theme. Volunteers are able to support the creative dance of participants in sessions by encouraging their ideas and providing leadership in small group activities.

- [The volunteer] encouraged me to be innovative when working in pairs.

- When we worked in pairs on a theme, we were following [the volunteer] in a group.

Volunteers have also been actively involved in organising group trips to performances. Dance to Health groups have seen performances by their Dance Artists in Sheffield and Oxfordshire, while Norfolk groups saw Matthew Bourne’s Swan Lake on tour. Cheshire, Sheffield, Birmingham and Welsh groups have performed to audiences outside of their usual sessions. The majority of participants attending these events have never previously seen a dance performance or performed dance themselves. They come with family and friends who are also experiencing dance as an art form for the first time.
3.5 Impact on volunteers themselves

Volunteers come to Dance to Health for a variety of reasons. Sometimes it is to enhance their skills or to work with older people, but mostly they come because they love dancing and want to share in something they find personally significant and enjoyable. Some volunteers have a good understanding of the challenge that frailty in older age poses, as they have either been affected by similar health concerns or know family members who have. One younger volunteer reported how their grandmother had fallen and had not been confident to leave the house since – clearly understanding the impact that this had on older people. When asked why they got involved volunteers said:

- I hope to gain the training and the experience of dance with old people, and to be able to practise it in my community.
- [I want to] gain skills in working with vulnerable adults, and also in teaching dance for older adults, but mainly I do it because I enjoy it and I enjoy creating a relationship with older people.
- I am getting the opportunity to meet and work alongside, a professional team of dancers within two very different communities here in Sheffield. I am building up and maintaining, my own body balance and strength and having fun! I also have the opportunity to be more involved in the professional dance scene of Sheffield and to develop my own ability.

One volunteer with a dance degree described what she did in the sessions she supported:

- I would say that I provide the administrative support of the class on the day – collecting money, writing receipts, asking health questions and making sure the register is accurate. I then assist in teaching the class with the lead Artist, helping individuals who need support and acting as another competent movement instructor for class members to follow (it can get tricky in a class of 18 to all be able to see one teacher at the same time). It is a really rewarding experience if you enjoy spending time with the older generation. We have a laugh, listen to life stories and get to dance at the same time.

When volunteers were asked what they thought they had got from their involvement:

- The fun element. The ability to improve one’s own health and well-being, the opportunity to meet new people and possibly become involved in other activities connected with dance.
- It’s an incredible and incredibly enjoyable project to be a part of, and it’s so beneficial to everybody involved. It’s fun, its active we all get stronger and we all leave the session feeling like we’ve not only done something really good for our bodies, we walk out feeling happier than when we walked in. It’s just been an incredible opportunity and I think most people that have become a part of the project have really enjoyed it.
The impact of the community and social connectivity of Dance to Health is not just felt by participants. One Peer Motivator, who subsequently became the assistant Dance Artist for their group commented:

*It’s not just about [the fact that] we’re here to strengthen, we’re here to get everybody stronger, so we prevent falls or injuries, it’s also [about] getting to know everybody in the class and we’ve all created personal relationships and friendships, you know? I live in the community, I live in the next village over … and I didn’t really know anybody in the area, other than the families that my children know from the local schools. I didn’t know any of the older people in the community and it’s been so nice to see them. You know, maybe [I] bump into them at church, or in the Co-op and it makes me feel like I have become part of the community as well.*

Volunteers were also able to see the effect their involvement had on participants

*When one of the participants said: “I was able to get that vase out of the top, top shelf of my cupboard in the kitchen without my son having to help me!”, that really stuck in my mind. I just thought, “that’s so liberating”, and it made me feel good that she’s now able to do that. That we’ve given something to her life, given her more freedom in her home and more independence. I think that’s really lovely.*

Finally, many volunteers have had their own relationship to dance renewed and reaffirmed through their involvement with Dance to Health. One former professional ballerina who left dance due to a career-ending injury reflected on what she had got from volunteering:

*I think it has instilled in me once again the importance of keeping dance in my life. From being involved with it, I’m taking ballet class again, which I haven’t done for twenty-five years?!*

It is clear that volunteers are in fact receiving similar benefits both physically, emotionally and socially from the project as participants themselves.

### 3.6 Economic impact

VIVA, or the Volunteer Investment Value Audit, is a tool that has been widely used since 1996 to create financial totals which enable organisations to measure the economic aspect of volunteer contributions. The estimated costs of the volunteering programme come in at £55,400, while the lowest estimate for the economic benefit to Aesop is £81,252.

It is clear to see that volunteers do provide a net financial value to the organisation. This would be maximised by having the full complement of volunteers recruited to each group with sufficient training and support, to ensure the most effective assistance and highest retention.
4 Learnings, future development & conclusions

4.1 Learnings from Dance Partners and Dance Artists

National Dance Company Wales, Cheshire Dance, South East Dance and DanceEast responded to the Dance Partner survey. Dance Partners felt adequately informed of the Peer Motivator role and its place within the project. They had recruited volunteers before for short-term projects. Only DanceEast had a comprehensive volunteer policy in place. Difficulties in recruiting the initial cohort of Peer Motivators were due to the long-term nature of the project, lack of organisational capacity, the challenges of breaking into new areas geographically or a lack of clarity in the role responsibilities. The Dance Partners, due to their lack of proximity, were unable to take a lead in managing volunteers once they were in groups, and this extra work has fallen on the Dance to Health team. Dance Partners wanted a volunteer development and training programme, as well as more lead time and planning for volunteer recruitment at the start.

The Dance Support Volunteer role was introduced in the maintenance phase of the programme to address gaps in the Dance Partners’ initial recruitment of Peer Motivators and to also provide support for Dance Artists as the assistant Dance Artists were phased out. Some Dance Artists anticipated reducing the activities in sessions without additional support. The age range was expanded to include all interested and experienced people over 18 to maximise the pool of potential volunteers. This new role has worked very well with eight Dance Support Volunteers recruited within a few months. Participants have responded well to younger people being in the groups, Dance Artists have found them to be very helpful and volunteers themselves are very positive about the experience. This pool of volunteers has the greatest potential to source committee members from outside groups. They have an interest in dance and the project, develop relationships with participants and have the skills and energy to become more closely involved in longer term fundraising.

All Dance Artists with volunteers in their group said their sessions were enhanced by volunteers. They see the benefit of having volunteers trained in aspects of the PSI exercises and safely working with older people in order to maximise their contribution to sessions. Training also reduces the chance that Dance Artists are distracted from participants by having to oversee what volunteers are doing.

If they don’t come from a dance background, they will need A LOT of training.
Dance Artists were clear volunteers were most useful and had the greatest impact when they had received PSI and dance-specific training:

_We are lucky in Sheffield to have such a great team of Peer Motivators. However it is very obvious the difference between the PMs we have had since the start of the project (January 2018) and those who have joined more recently. The ones who are more recent missed out on the cascade training we had shortly after our Dance Artist training in London and could do with the opportunity of having more training._

### 4.2 Learnings from Local Coordinators

The Local Coordinators all felt the volunteering aspect of the programme greatly enhanced Dance to Health, and also positively contributed to their own job satisfaction.

_[There is a]_ massive impact when there is a clear presence and understanding from the group as a whole. The [venue] class, has two Peer Motivators, two young Dance Support Volunteers and a clear committee. It feels set up, impactful to participants’ learning and building of strength, confidence and ability. The consistent and smooth practical running of the class seems professional and helpful too.

All Local Coordinators felt training for volunteers to work with Dance Artists and a separate raft of training for committee/steering group volunteers was needed.

_If we want to involve the widest possible number of people we need to provide a whole tool kit training programme, with materials they can access themselves, an area on the website just for volunteers to chat and get answers to questions, [in order to] make better use of resources. [We also need] clear procedures around training, where GDPR and safeguarding are necessary._

Local Coordinators who had not worked with volunteers in their previous roles also said they needed training in volunteer recruitment and management, to be able to provide the level of support which that ensure volunteer retention and satisfaction. It is clear that more directive role descriptions are appreciated by volunteers, and Local Coordinators when trying to recruit them. People want to know what will be expected of them and a task list was requested from several people. Local Coordinators stated the benefit of developing and providing support materials for volunteers, which are increasingly seen as a standard part of any volunteering programme in the sector. This would free the team from managing small queries and concerns from volunteers. It would complement any training and provide a useful reference for volunteers.
4.3 Recruitment and training of volunteers

We have been successful in recruiting dance-skilled volunteers from the local community, who are delighted to be able to find a volunteering opportunity that makes use of their interest in dance. The most successful recruitment has been through promotional posters in dance schools and sports venues, regional volunteering opportunity websites and social media targeted by region which emphasise the dance aspect of the volunteering. More generic and nationwide appeals for volunteers have not been successful. Local Coordinators commented on the need for role-specific recruitment materials – both for the targeted adverts and in posters and leaflets.

Local Coordinators reported considerable success using local volunteer services, contacting dance schools, targeted Facebook ads and local listings.

*The recruitment drive you did [Volunteer Coordinator] with [comms staff] has gone particularly well. I feel like we went about that exercise quite robustly and I think that’s reflected in all areas for dance support roles. Appealing to the wider community has gone well.*

National websites, such as Do-it.org, did not get anywhere near the same results. Larger organisations such as universities, volunteer hubs and community networks were able to funnel potential volunteers to groups. All Coordinators felt they had established effective volunteer partnerships. A list of the partner organisations mentioned included:

- Voluntary Action Sheffield
- Stocksbridge volunteering project via Keeping Well
- St. Augustine’s Church, Sheffield
- Theatre Royale, Norwich
- The Garage, Norwich
- Age UK, Norfolk
- Oxford Hub
- Oxford Brookes ACES scheme
- Bicester Healthy Towns
- Cheshire Voluntary Services
- Volunteering Wales
- University of Birmingham
- Various local dance schools
- Live Well Oxfordshire
- Pontarddulais Partnership Canolfan Y Bont
Local Coordinators also felt more local partnerships could be developed. The amount of time the local coordinators were able to give to the task was the limiting factor in recruiting volunteers and forming partnerships. Local Coordinators who had formally worked with third sector/public sector volunteers, contrasted the extensive volunteer training they had previously received with the very little or non-existent training time they had with Dance to Health volunteers. This was universally seen as an important area for development.

More time [is needed] for Coordinators and [Volunteer Coordinator] to attend community events in our areas – direct contact is essential.

Local Coordinators found they needed a range of organisational-level documentation when working with partner organisations. They had been asked for our volunteer documentation on, health and safety, safeguarding, data protection, cash handling, loan working, expenses and risk assessment before being able to use other voluntary sector organisations’ services. They reiterated the importance of being able to easily access up-to-date and signed-off versions of these documents. They requested sufficient training to be able to answer basic questions about such documents, as this was vital to smoothly working with partners.

So far, all committee members come from within groups and rely on considerable support from Local Coordinators and experienced community workers. Regional adverts on social media and national volunteer platforms have attracted volunteers interested in supporting the dance activity, but not in joining the committees to run groups. Discussion with community organisations have indicated that recruitment of volunteers directly to administrative or committee roles is challenging. It is the unique dance-based volunteering opportunity that is attracting people to Dance to Health. From this pool of interested people, we may find those with the skills and inclination to step up and run groups.

Two volunteer training days were well attended and all Dance Artists from those regions were present. Feedback from Oxfordshire was very positive. 80% of attendees ticked ‘Strongly agree’ when asked about the objectives, outcomes, content and delivery of the day, and 95% selected ‘Strongly agree’ or ‘Agree’ in favour of the training. A retrospective evaluation of the training in Sheffield was carried out, and attendees 100% chose ‘Strongly agree’ or ‘Agree’ when asked if the training delivered by our team had been beneficial in all areas. Clearly, the Dance to Health team, alongside Dance Artists, can deliver high-quality training that volunteers value and consider useful in practice. Dance Artists, Volunteers, Dance Partners and the Dance to Health team have all stated the need for such training to be available in all areas on a regular basis.
4.4 Development goals and next steps
At present, Dance to Health has an almost one-to-one ratio of participants to volunteers. Volunteers are the less visible sisters to participants, but are just as valuable as advocates of Dance to Health. They positively impact all outcomes and are “invaluable” to Dance Artists.

The 100 volunteers presently supporting Dance to Health in sessions provide the equivalent work to 5.5 full-time staff. The management, tasking and support for these 5.5 ‘people’ is shared across the Volunteering and Public Engagement Coordinator, Local Coordinators and Dance Artists.

The proposed expansion of Dance to Health would lead to 2,000 volunteers supporting the programme. Dance to Health volunteers provide an average of 2 hours of support per week. 2,000 volunteers each giving 100 hours per year represents a financial value of £1,836,000. Growth of this magnitude will include resources in terms of staffing, support and management of volunteers, support materials and training, as well as expenses, background checks, communications strategies and data protection – shared between Dance to Health and Local Partner organisations.

Volunteer involvement and benefits are more pronounced with continued training. All Dance Artists, programme partners and the Dance to Health are supportive of the development of a full national volunteer training package, currently in process.

Recruitment of volunteers has been most successful amongst people who have an interest in dance. The greatest success has come from regionally tailored recruitment campaigns. Local coordinators, partner organisations and volunteers themselves all appreciate explicit role descriptions. Recruitment materials specific to the role being advertised have also been highlighted as most effective.

In addition, all Local Coordinators see the value of having support materials readily available for volunteers. A detailed handbook with guidance on performing a role, obligatory procedures, policies and important contact information would support Local Coordinators in their roles, and enhance the professionalism of Dance to Health and the volunteer-as-user experience.

A successful user experience for volunteers is as important for Dance to Health as a successful participant experience.
4.5 Conclusion

Dance to Health volunteers are the people who encourage and actively help participants to take part. From weekly phone reminders, lifts by car, walking with someone, providing a friendly welcome and enabling groups to run smoothly, volunteers perform many tasks that keep groups cohesive, operational and supportive. They provide both emotional and practical support to groups in equal measure. This emotional support aspect is vital. Because their roles are specifically to greet, support and encourage anyone in groups, volunteers pull participants together, creating a common identity and enhancing the atmosphere. This does not automatically happen in groups without volunteers, therefore volunteers increase participants’ adherence to the programme.

Many participants referred to increased confidence with volunteers present. The verbs ‘help’, ‘support’, ‘assist’, ‘adjust’, ‘adapt’ and ‘lead’ were used in descriptions of what volunteers are seen to do in sessions. 65% of participants stated that they can do more in sessions with volunteers there. They help members catch up if they have missed a few sessions, and can help demonstrate in large groups where Dance Artists are not always visible to everyone. Volunteers ensure all participants can take part and benefit from the full range of PSI activities at a level that wouldn’t happen with just Dance Artists alone. Dance Artists themselves acknowledge this, reporting: “It would be very difficult to deliver my sessions without them” and that volunteers are “extremely valuable to the class”. The improvement in TUG times in sessions with long-term Peer Motivators are twice those of groups without volunteers.

Lastly, volunteers aid the creativity of participants. They are described as drawing on their own dance experience to inspire participants, and group members report that volunteers encourage them to be innovative when working in pairs or groups on creative dance activities. Creative self-expression is challenging at the best of times and it can feel physically and emotionally risky to people who are frail and isolated. Volunteers make this experimentation safer and model the desired behaviour in a much more intimate and immediate way than is possible with a single Dance Artist leading the room.

Volunteers act as a social glue. They provide a practical and emotionally safe environment, within which participants feel secure enough to be able to expand their range of physical movements and self-expression. They form a bridge between participants and the younger and fitter Dance Artists by being seen to have a go and be active themselves. They bridge groups to the external community through their greater level of community involvement. They create and consolidate the ties that bind members into a securely attached groups. The venue is just a space, the group starts out as a roomful of wary strangers. It is the synergy of the volunteers which brings creative dance and PSI together to bubble and brew into a successful transformation. They need to be recognised, valued and supported accordingly.
Volunteering should be recognised within Aesop as one of the three vital elements to making groups effective and funded accordingly.

At least two Peer Motivators or Dance Support Volunteers should be recruited for every group, as there are clear benefits to Dance Artist and participants.

Dance Artists and volunteers should attend training together for their roles and how to work effectively with groups at least annually in each region.

Dance to Health team members without prior experience recruiting and managing volunteers should be trained to do so and, in turn, be able to train local group committees appropriately.

Dance to Health should produce a package of materials and training to develop all volunteer roles.

Dance to Health should ensure all necessary documentation is in place to support the volunteering programme, including policies needed for recruitment through outside partnerships.

The expertise of team members with experience in the public and third sector should be drawn upon in developing policies, procedures and support materials.

Dance Artists recruited for Dance to Health should have contracts that explicitly include managing volunteers and attending necessary training.

The line management and supervision of volunteers should be decided and implemented.

A volunteer acknowledgment scheme should be developed and implemented.

5 **Recommendations**
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